

**2012 BUDGET
FAMILY SERVICES PROGRAM**

SECTION I - TRIBAL INFORMATION

- A. Name of Tribe
- B. Complete Mailing Address
- C. Telephone Number
- D. Program Supervisor
- E. Telephone Number
(if different than above)
- F. Fiscal Manager
- G. Telephone Number
(if different than above)

Amount of DHS Funding: \$
Amount of DCF Funding: \$

**SECTION II - OFFICIAL AUTHORIZATION TO COMMIT TRIBE TO THIS WORK
PLAN**

Name and Title of Authorized Representative: _____

Signature: _____

Date:

FOR DHS USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:
FOR DCF USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:

SECTION III (a)

BUDGET REQUEST-DHS FUNDS

Family Services Program – October 1, 2011 – September 30, 2012

1.	Total Salary/Fringe Benefits for Project Personnel	\$
*2.	Travel/Training for Staff, Volunteer or Program Participants/Consultant and Contractual Costs	\$
*3.	Supplies/Equipment	\$
*4.	Administration/Space Rental	\$
5.	Indirect Costs	\$
6.	Total (Lines 1 through 6)	\$

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available, i.e., 51 cents - round up, 50 cents and below - round down.

Develop the budget using the **Budget Development/Category Information Sheet**.

***Specific cost justifications are required for line items 2, 3, and 4.**

SECTION III(b) – 2011 Family Services Program-DHS Funds

BUDGET JUSTIFICATION - Salary (Personnel)

(a) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$ _____

(h) Total Fringe: \$ _____

SECTION III(c)

BUDGET JUSTIFICATION – 2011 Family Services Program- DHS Funds

Costs without evident programmatic description or justification will be questioned. Costs should relate to activities and outputs in the work plan. In this section, provide a detailed description for the costs identified on line items 2, 3, and 4 of the Budget Request. Totals for each line item in the justification should match the line item amounts on the Budget Request.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2c. Consultant and/or Contractual		
Program Service Area	Purpose and Computation	Cost
		\$
Total		\$
*3a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*3b. Equipment		
Program Service Area	Item and Computation	
Total		\$
*4a. Administration		
Program Service Area	Item and Computation	Cost
Total		\$
*4b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION IV (a)

BUDGET REQUEST-DHS FUNDS

Family Services Program – October 1, 2011 – September 30, 2012

1.	Total Salary/Fringe Benefits for Project Personnel	\$
*2.	Travel/Training for Staff, Volunteer or Program Participants/Consultant and Contractual Costs	\$
*3.	Supplies/Equipment	\$
*4.	Administration/Space Rental	\$
5.	Child Care Vouchers	\$
6.	Indirect Costs	\$
7.	Total (Lines 1 through 6)	\$

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available, i.e., 51 cents - round up, 50 cents and below - round down.

Develop the budget using the **Budget Development/Category Information Sheet**.

***Specific cost justifications are required for line items 2, 3, and 4.**

SECTION IV (b)– 2011 Family Services Program-DCF Funds

BUDGET JUSTIFICATION - Salary (Personnel)

(b) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$ _____

(h) Total Fringe: \$ _____

SECTION IV(c)**BUDGET JUSTIFICATION – 2011 Family Services Program-DCF Funds**

Each line item in the budget must be based on reasonable costs to provide program services. Costs without evident programmatic description or justification will be questioned. Costs should relate to activities and outputs in the work plan. In this section, provide a detailed description for the costs identified on line items 2, 3, and 4 of the Budget Request. Totals for each line item in the justification should match the line item amounts on the Budget Request.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2c. Consultant and/or Contractual		
Program Service Area	Purpose and Computation	Cost
Domestic Abuse	ALICE Software licensing fee	\$
Total		\$
*3a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*3b. Equipment		
Program Service Area	Item and Computation	Cost
Total		\$
*4a. Administration		
Program Service Area	Item and Computation	Cost
Total		\$
*4b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION VI - 2011 DOMESTIC ABUSE MATCH REQUIREMENT-DCF Funds
Family Services Program

Tribe:

State Grant Amount: \$

Required Match: \$

MATCH		
Cash	In-Kind Contribution	Total
Amount of \$	\$ equivalent:	\$
Source:	Specify:	

Authorized Tribal Representative

FAMILY SERVICES PROGRAM REPORTING REQUIREMENTS

Program staff is responsible for reporting on a semi annual basis their progress towards achieving the outcomes in the approved work plan. The Family Services Program semi annual report format is based on the approved work plan. The semi annual report is designed to assist tribal, DHS and DCF program staff assess progress toward achieving work plan outcomes, communicating the program's success, and improving program services.

COMPLETING THE REPORT

General Program Information

Check the box for the appropriate semi annual period being reported. Indicate the name of the tribe that is submitting the report. The chairperson or the authorized designee must sign and date two (2) copies of the report. The completed reports are due within 30 days of the end of the reporting period. Send one completed report to: Department of Health Services, Tribal Affairs, P.O. Box 7850, Room 618, Madison, WI 53707-7850. Send the other report to the Department of Children and Families, Tribal Relations, 201 East Washington Avenue, Madison, WI 53707.

The Signed DHS copy of the semi annual report can be submitted by e-mail to Dave Ryneerson at david.ryneerson@wi.gov . The Signed DCF copy of the semi annual report can be submitted by e-mail to mark Mitchell at Mark.Mitchell@wisconsin.gov

OUTCOME FRAMEWORKS

Numerical Data

In the first column labeled "Indicators/Verification of the Outcome," the indicators of progress toward achieving each outcome are listed. The indicators are the same as those identified in the work plans.

In the second column labeled "Baseline data, if applicable," enter the baseline data for the indicator. This information should be entered at the beginning of the measurement period; e.g. at the beginning of the program year. The cumulative findings can then be compared against the baseline to indicate progress in achieving the outcome. Not all indicators may require baseline data. Enter the baseline data only if the outcome requires it. Also include a date of the baseline data

In the third column labeled "Cumulative Outcome Findings," enter the progress in achieving the outcome as measured by the indicators in the first column. This information may not be available for each report depending on when you collect your data. For most outcomes this information will only be available at the end of the measurement period as stated in the data collection method in the work plan. If the information is not available for the reporting period, indicate when the data will be available; for example, "Data available for 7/15/10 quarterly report." or "GPA data available for 1/15/10 report." The information collected for most outcomes will be data on individual participants. Do not report individual data. Summarize or combined the data on a program level for reporting purposes.

Outcome Narrative

Complete the narrative section of the report by describing your progress during the report period. Address each of the listed items when describing your progress in achieving the outcome.

OTHER SERVICES PROVIDED

Describe other Family Services Program services not associated with the outcomes. This is an opportunity to describe other outputs/activities that were not specified in previous sections of the report.

DOMESTIC ABUSE ANNUAL REPORT

This report must be filed at the end of each program year. Provide information requested for domestic abuse services. Provide unduplicated numbers where requested.

AODA TREATMENT SERVICES ANNUAL REPORT

This report must be filed at the end of each program year. Provide the information requested for AODA Treatment services provided using Family Services Program funding.

AODA PREVENTION SERVICES ANNUAL WEB-BASED REPORTING

<http://dhs.wisconsin.gov/substabuse/sapsis/>